

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-041084

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

317  
FILED NOV 13 1962

500

2898

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>ST. LOUIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY	
b. CITY (If outside of state, give town or city) <b>JEFFERSON BARRACKS MISSOURI</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF DECEASED <b>VETERANS ADMINISTRATION HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>8215 VULCAN</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ALBERT LOHSE</b>		4. DATE OF DEATH <b>OCTOBER 7, 1962</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-28-87</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHAUFFER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>UNKNOWN</b>	11. BIRTHPLACE (City and state or country) <b>ST. LOUIS, MISSOURI</b>
13a. FATHER'S NAME <b>FRED LOHSE</b>		13b. MOTHER'S MAIDEN NAME <b>KATE STORGANT</b>	14. NAME OF HUSBAND OR WIFE <b>EFFIE LOHSE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <b>YES</b>		17. INFORMANT <b>EFFIE LOHSE (WIFE)</b> Address <b>8215 VULCAN ST. LOUIS, MISSOURI</b>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE PULMONARY EDEMA</b> DUE TO (b) <b>ARTERIOSCLEROTIC HEART DISEASE</b> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>PULMONARY EMPHYSEMA, BULLOUS</b>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? <b>YES</b> <input checked="" type="checkbox"/> <b>NO</b> <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>1:50 PM</b> Month, Day, Year <b>9-19-62</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>V.A.</b>	20f. CITY, TOWN, OR LOCATION <b>ST. LOUIS</b> COUNTY <b>MISSOURI</b> STATE <b>MISSOURI</b>		
21. attended the deceased from <b>9-19-62</b> to <b>10-7-62</b> Death occurred at <b>1:50 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Paul G. Storgant</b> (Degree or title) <b>STENOGRAPHER M.D.</b>		22b. ADDRESS <b>VET ADM HOSP, JEFF BRKS, MO.</b>	22c. DATE SIGNED <b>10-7-62</b>
23a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>OCT. 11, 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS, MO.</b>
24. FUNERAL DIRECTOR <b>C. HOFFMEISTER MORTUARIES</b> ADDRESS <b>7814 SO. BROADWAY, ST. LOUIS, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>10-8-62</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill C. Branson

Licensed Embalmer No. 4764

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply  
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.